FELERAL EMERGENCY MANAGEMENT AGEN. NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

	For Insurance Company Use:							
BLILDING OWNER'S NAW	Policy Number							
BUILDING STREET ADDR 4366 E. H	Company NAIC Number							
FLAGSTAF			STATE	AZ.	ZIP CODE			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)								
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)								
NON-RESIDENTAL OFFICE - WAREHOUSE - GARAGE LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: [_ GPS (Type):								
(##° - ##' - ##.###" or ##.#####") NAD 1927 NAD 1983 USGS Quad Map Other:								
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP COMMUNITY NA	ME & COMMUN	IITY NUMBER	B2. COUNTY NAME	E	3. STATE			
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile FIRM Community Determined Other (Describe):								
B11. Indicate the elevatio	n datum used t	or the BFE in B9: [_ NGVD 1929 _ NAVD 19	88 Other (De				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:								
	SECTIO	N C - BUILDING E	LEVATION INFORMATION (S	URVEY REQUIRE	D)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction								
			truction of the building is comp		artificata is baing completed see			
C2. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)								
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO								
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from								
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion								
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.								
Datum 6794.73 Conversion/Comments								
Elevation reference mark used <u>COF # 16 25 200</u> Does the elevation reference mark used appear on the FIRM2 Yes No and a property of a property of the first property of the								
5 1) T (1111	51			5 ft.(m) ∞	S AFICATE TO			
ପ c) Bottom of lowest horizontal structural member (V zones only) 6794 . 63 ft.(m) କ୍ଷ୍ମିଶ କ								
d) Attached garage (top of slab) 6795 . Oft.(m) and grape (top of slab)								
LLe) Lowest elevation of machinery and/or equipment								
servicing the building G196 Ft.(m) Ft.(m) Ft.(m) Ft.(m) G194								
☐ f) Lowest adjacent grade (LAG) ☐ The state of the sta								
☐ g) Highest adjacent grade (HAG)								
☐ i) Total area of all permanent openings (flood vents) in C3h 3649sq. in. (sq. cm)								
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION								
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.								
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.								
CERTIFIER'S NAME (
TITLE 1								
APCHITECT I								
SIGNATURE (LONE, O	AK WAY	FLAGSTAFF DATE	TELEPHO	86009			
Robby K. Fu	mpleri	<u> </u>	9/6/00	520	566-1303			
FFMA Form 81-31 AUG 9	99 /	SFF RFVF	RSF SIDE FOR CONTINUATION	ON REPL	ACFS ALL PREVIOUS EDITIONS			

IMPORTANT: In these spaces, of	convite of responding inform	nation from Section A	For Insurance Company Use:				
BUILDING STREET ADDRESS (Inclu			Policy Number				
	INGTON PR.						
FLAGSTAFF.	AS AZ	84004	, ,				
SECTIÓN	I D - SURVEYOR, ENGINÉER,	OR ARCHITECT CERTIFICATION (CO	NTINUED)				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.							
COMMENTS							
			Check here if attachments				
SECTION E - BUILDING ELE	VATION INFORMATION (SUR)	VEY NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)				
		h E4. If the Elevation Certificate is inter	nded for use as supporting				
	information for a LOMA or LOMR-F, Section C must be completed.						
E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed –							
see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) E2. The top of the bottom floor (including basement or enclosure) of the building is							
(check one) the highest adjacent grade.							
E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is							
[3 ft.(m) 6 in.(cm) above the highest adjacent grade. E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's							
floodplain management ordinal		τορ of the bottom floor elevated in accol nknown. The local official must certify th					
		OWNER'S REPRESENTATIVE) CERTI					
		npletes Sections A, B, and E for Zone A					
community-issued BFE) or Zone A		,p. 100 00000.07, 0, 0, 0, 0 0 0 0 0 0 7,	(11111001011121111111111111111111111111				
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVI	E'S NAME	ar ooil				
ADDRESS & Hundings	on Dr. Flags	CITY STATE	ZIP CODE				
Mel Henda	9-	7-7000 520	527-4520				
SIGNATURE		DATE	HONE				
COMMENTS							
			I Charle have if attachments				
	SECTION G - COMMUN	ITY INFORMATION (OPTIONAL)	Check here if attachments				
The local official who is authorized by			ant ordinance can complete				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.							
G1. [] The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor,							
engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the							
elevation data in the Comn		atad in Zana A (without a FERRA include	and DEEN on				
Zone AO.	eted Section E for a building loca	ated in Zone A (without a FEMA-issued	or community-issued BFE) or				
	tems G4-G9) is provided for cor	mmunity floodplain management purpos	es.				
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE O	F COMPLIANCE/OCCUPANCY				
G7. This permit has been issued for	: New Construction	Substantial Improvement					
G8. Elevation of as-built lowest floor	r (including basement) of the bu	ildingfis: جَرِيَّ عَلَيْهِ الْعَلَيْمِيِّةِ الْعَلَيْمِيِّةِ الْعَلَيْمِيِّةِ الْعَلَيْمِيِّةِ الْعَلَيْمِيِّ	ft.(m) Datum:				
G9. BFE or (in Zone AO) depth of flo	ooding at the building site is:	<u> </u>	ft.(m)Datum:				
LOCAL OFFICIAL'S NAME		TITLE					
COMMUNITY NAME		TELEPHONE					
SIGNATURE		DATE					
COMMENTS							
′			Check here if attachments				